# P036 Docetaxel plus androgen deprivation therapy in older versus younger patients with metastatic hormone-sensitive prostate cancer: Real-world data

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**Introduction & Objectives:** Prostate cancer is the second most frequently diagnosed malignancy in men worldwide and it predominantly occurs in older patients, with incidence increasing with age. Following the CHAARTED and STAMPEDE studies, adding chemotherapy with docetaxel to androgen deprivation therapy became standard of care for metastatic hormone-sensitive prostate cancer, provided the patient is fit enough. However, in elderly patients, defining fitness and predicting benefit from adding docetaxel to standard androgen deprivation therapy is challenging. We aimed to evaluate our experience regarding toxicity and survival outcomes in older patients (>70 years) compared with the younger cohort.

**Materials & Methods:** Retrospective cohort of male patients with metastatic hormone-sensitive prostate cancer treated with androgen deprivation therapy and docetaxel at dose of 75 mg/m$^2$ every 3 weeks for 6 cycles between 2015 and 2019. Patients were grouped in younger versus older, defining an age of 70 years as cut-off. We defined high volume disease according to the criteria used in the CHAARTED study. Differences in severe acute toxicity and survival outcomes were analyzed. Progression free survival was defined in months calculating the difference between the start of docetaxel and clinical, biochemical and/or imagiologic progression to castration-resistant prostate cancer.

**Results:** A total of the 33 male patients were included, with a median age of 64 years, ranging from 51 to 79; 11 (33.3%) patients were included in the older group, and 22 (66.7%) in the younger group. All patients (100%) had an ECOG of 0 or 1. All patients (100%) had high volume disease and 75.8% had a Gleason score of 8 or higher. All 6 cycles of docetaxel were completed in 81.8% of younger patients and in 90.9% of older patients (p=0.643). Acute hematologic and non-hematologic toxicity grade 3 to 4 occurred in 22.7% of younger patients and in 36.4% of patients in the older group (p=0.438). There were no treatment-related deaths (0%). With a median follow up of 22 months, median progression free survival was 17 months and median overall survival was not reached. There were no statistically significant differences in median progression free survival between the younger versus older group (19 vs. 16 months, p=0.462, HR 0.717, 95% CI [0.284-1.808]).

**Conclusions:** In our cohort, most elderly patients managed to complete the planned 6 cycles of docetaxel, despite a higher rate of grade 3 to 4 acute toxicity when compared to the younger group. Our results, although limited by a small study population and a short follow-up, suggest a potential benefit of adding docetaxel to androgen deprivation therapy in well-selected and fit elderly patients, with comparable results in progression free survival between age groups.